

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

WAR EDITION

Vol. 2

MARCH 1st, 1941.

No. 6.

ANTI-VACCINATION PROPAGANDA

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Next, four pages are devoted to showing, quite correctly, that the incidence of typhoid is directly related to insanitary conditions. This is apparently evidence that anti-typhoid inoculation is useless.

The Boer War is now resurrected. In point of fact, at that time paratyphoid A and B had not been differentiated, and the vaccine used was only protective against typhoid itself; nevertheless the incidence of enteric fever was twice as great in uninoculated as in inoculated subjects. This is disregarded by the anonymous author of the pamphlet, who implies that the immunisation was a failure, adducing evidence of this

type: "Mr. W. H. Power, of the Local Government Board, when giving evidence before the Royal Commission on Vivisection, was questioned as to Wright's anti-typhoid vaccine, and said: 'No, we have never used it. You will remember that its value was disputed among the military authorities in South Africa. . . .'"

The recognised fact that the immunity given by TAB vaccine is not absolute is emphasised in every possible way, with numerous quotations from Army authorities giving figures of cases among inoculated men. Nowhere, however, is the percentage incidence of the disease mentioned as evidence. We are then transported to India, with similar quotations from Army reports, showing that in each year from 1931-36 more cases and more deaths occurred among inoculated than among uninoculated men. The total number of men in the two categories is not, however, mentioned. The reason given for the omission of figures later than 1936 is that these later statistics are given as rates per 1,000 strength. This, of course, exposes the villainy of the pro-vaccinationists.

Numerous authorities are quoted as saying that the case mortality of typhoid is unaffected by protective inoculation, and as a coup de grace the reactions after vaccination are depicted as a most terrifying and dangerous ordeal.

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omission of those unfavourable to its purpose. It is therefore not so easily refuted. However, these figures, given by the Secretary of State for War in answer to a question in Parliament, provide a convincing refutation: Up to that time there had been

32 cases of typhoid in the Army, of which 26 had not received inoculation. Eighty per cent. of the Army accepted TAB inoculation, so that the chance of contracting typhoid or paratyphoid was increased 17 times by refusing inoculation.

April issue.

Contributions for the April issue should be received not later than March 13th.

FRAGMENT

Awakened now the long swift tides of time
Have washed over and over me again,
And the leering face of death swung by
Outstripping me, so that I saw him plain.
Lightly we went, astride of life and death,
How to know, we said, if we were dead?
Would we be winds among the light and
shade,
Or would the sunshine light upon your
head?
When you died I saw the pale dead
Silent stand, amazed to see your head
Flaming proudly in that gloomy land
As you sped across the lonely sand.

I. E. D. M.

ON EXAMINING THE OPTIC DISC

by SEYMOUR PHILPS, F.R.C.S.

The electric ophthalmoscope has now reached a pitch of perfection which brings the examination of the fundus of the eye within the reach of all, but before labelling a fundus as pathological it is necessary to know what constitutes the normal. Medically speaking, there are two main points one wishes to establish when using this instrument—the condition of the optic disc and of the retinal vessels, and I thought it might be of interest to set down some notes on what is and what is not a physiological optic disc. There are wide variations of the normal, but a clear appreciation of the anatomical factors which give the disc its colour and definition will make these variations easier to understand.

THE COLOUR OF THE OPTIC DISC.

1. The colour of the optic disc is imparted to it by the bluish-white lamina cribrosa through which the optic nerve fibres pass.

2. This colour is modified by two factors—

- (a) the optic nerve fibres,
- (b) the capillaries on those fibres.

The retinal nerve fibres are non-medullated and therefore semi-transparent. They change the bluish-white colour of the disc to a grey or yellowish white. They are more crowded on the nasal than on the temporal side of the disc, and it is therefore physiological for the temporal side to be the whiter

of the two. The colour will also vary with the refraction of the eye. The hypermetropic eye is small, and the nerve fibres are therefore more densely packed than in the large myopic eye, and what would pass for optic atrophy in the hypermetropic eye would be physiological in a person with short sight.

The disc capillaries give the disc its pinkish hue. When they are engorged, as in papilloedema, the disc is darker in colour, approximating to that of the retina, and when they are emptied, as in central retinal artery thrombosis, the disc immediately assumes a pale yellowish colour which later changes to bluish-white when the nerve fibres die.

It is not unusual to find the central area of the disc free from nerve fibres and capillaries and therefore much whiter than the margins. Optic atrophy is not present unless the pallor extends up to the very edge of the disc.



Central pale area of disc Not extending to margins.

In extreme cases of anæmia the optic disc appears pale owing to the low hæmoglobin content of the vessels on it, and I have recently examined the eyes of a man with a red count of $1\frac{1}{2}$ million who appeared to have optic atrophy in both eyes, whereas, in fact, his visual fields were quite full.

DEFINITION OF THE DISC.

The boundaries of the lamina cribrosa are normally well seen through the optic nerve fibres, though usually less distinctly on the nasal side for the reason already given—that the fibres are more heaped up in this situation. A blurred nasal edge to the disc is thus physiological. The amount of this blurring will depend on the angle at which the optic nerve leaves the eye—the more acute the angle the more heaping up and the higher the degree of blurring.

A disc with indistinct edges throughout its circumference may mean early papilloedema, but before diagnosing this the following pitfalls should be excluded.



I. No blurred Nasal edge,



II. Slightly blurred Nasal edge.



III. Definitely blurred Nasal edge, and some temporal pallor,

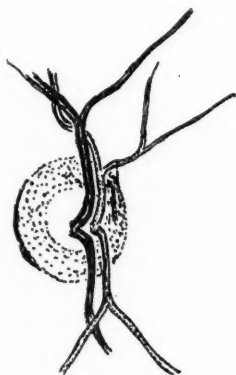
1. Opacities in the cornea, lens, or vitreous humour.

If the fundus of the eye is examined through, for instance, an early cataract, all the details including the disc margins will appear indistinct, and it is therefore important to exclude such opacities. Foster Moore used to say to his pupils: "Do you want to become a 30 per cent. better ophthalmologist on the spot?" and, if anyone said they did, the answer was, "Then always start your ophthalmoscopic examination with a high plus lens." It should be an invariable rule to start such an examination with a +12. With this the observer will have a distinct view of the cornea, anterior chamber and lens. If there are opacities he will notice them and make allowances when the retina is reached. Still watching the lenses are rotated slowly towards O and thus the different layers of the vitreous chamber come into view. When O is reached the retina will be in focus if the patient is emmetropic, and if no opacities have been encountered on the way the fundus details should now be clearly seen.

2. Refraction of the eye.

Hypermetropia.—A long-sighted eye is a small eye and in it the optic nerve fibres will be more bunched together than in an eye of normal size. The disc margins will be partially obscured and there will be slight swelling of the papilla—a condition known as pseudopapilloedema, and it is partly because of this trap that the statement has appeared in some books that papilloedema should not be diagnosed unless a retinal hæmorrhage is seen in addition to the re-

cognised changes at the disc. I do not subscribe to this, for if it were put into practice some early cases would be missed, but it is a fact that almost all patients with a choked disc develop retinal hæmorrhages before long. In doubtful cases it is wise to work out the patient's refraction before coming to a conclusion.



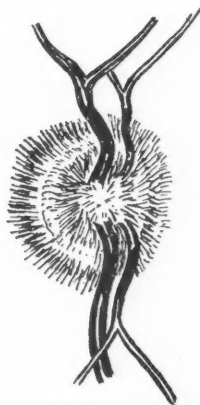
Normal light reflex,

Astigmatism.—If this is present in an amount exceeding two dioptries it will mean that two opposite edges of the disc will be blurred, while those edges at a right angle to them will be in focus; but if the examination is made through the patient's own glasses this blurring will disappear.

I have attempted to show in the foregoing that one must be cautious when labelling a blurred disc edge "papilloedema," and even when all these snags are excluded there will be some cases in which there is much honest doubt; but there are two signs which are of the greatest help: (a) The colour of the disc in true papilloe-

dema should be akin to that of the retina owing to the congested capillaries; (b) the disappearance of the normal light reflex from the wall of the retinal artery as it crosses the edge of the swollen disc.

When an artery is lying flat a band of bright light is reflected from it into the observer's eye. If the artery is not lying



Disappearance of light reflex in papilloedema.

flat this light will be reflected elsewhere and will not be seen. It is often absent from one or other of the branches of the artery which happens to have a kink at that spot, but when absent from all the branches it is a very important sign.

Finally, it should be said that there are many disc conditions which speak for themselves, and can only mean one diagnosis, which can be reached without reference to the patient's history and general condition. But there are also a great many about which it would be unwise to form an opinion without going most carefully into the patient's case.

EDITOR'S NOTE

Subscription rates for the Journal are: Life, £5 5s.; 5 years, £1 11s. 6d.; annual, 7s. 6d. Readers are reminded that these rates bear no relation to the nominal charge of 4d. per copy made to students, to limit numbers in view of paper shortage; 4d. actually by no means covers the cost of producing one copy.

The charge for Nurses (and persons working in the Hospital) is 6d. For all others it is 9d.

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Authors are entitled to three complimentary copies of the number in which their work appears, but will only receive them on application. If reprints of an article are required, they are asked to send the order before the date of publication of the number in which it appears.

THE SECOND GREAT FIRE

The following account is an extract, amended by the Censor, from the Treasurer's report to the General Court of Governors on 23rd January, 1941.

"I should like to take this opportunity of giving you a further report of the war-work of the Hospital since the last General Court in November. As Governors will know, the nightly air-raids have continued with varying intensity, but it is with very great pleasure that I am able to report that no further damage has been done to the Hospital since I last spoke to you.

"There have been three nights calling for special mention; the first was when the vicinity of the Hospital was attacked with high explosive and incendiary bombs. On this occasion there were a number of casualties of which some were admitted to the Wards, and the Operating Theatres were in continued use until 6.30 the following morning. The night of the 29th December, it will be remembered, was the night on which thousands of incendiary bombs were dropped in the City of London and very large fires resulted. Having regard to the extent of the damage the casualties sent to the Hospital were comparatively few, of which a number were admitted. The Hospital, however, was temporarily deprived of its supplies of gas and one circuit of electricity, the particular circuit being the power circuit working the lifts. At about 10 p.m. the Assistant Commissioner of Police for the City of London visited the Hospital and stated that he was informed by the Fire Brigade that there was difficulty in checking the flames and that if they got nearer to the Hospital it might be necessary to order complete evacuation at very short notice. In view of these warnings and the fact that any evacuation would take a considerable time as the lifts were not working, it was decided immediately to evacuate some one hundred and two of the two hundred and twenty-five patients in the Hospital on that night. The patients so evacuated had to be carried on stretchers down the stairs and loaded into Green Line buses. The work was carried out by the Head Porter's Staff, by volunteers from amongst the students and by those of the Clerk of the Works' Staff who were avail-

able. These 102 patients were evacuated without mishap to Friern Hospital, New Southgate, within the space of approximately two hours from the arrival of the Green Line Ambulances, and it reflects very great credit on all those concerned that the work was carried out so smoothly and efficiently under the most trying conditions. On the third occasion when the services of the Hospital were working at full pressure there was a considerable number of casualties. A number of these attended the Hospital for treatment during the night, of which some were admitted to the Wards. The majority of these cases required surgical treatment, and it was necessary to secure the additional services of a mobile team. In spite of this assistance the Operating Theatres were in use all night and a considerable portion of the next day. I can only speak with the highest praise of the conduct of all concerned on these three occasions.

"The considerable damage caused by incendiary bombs has emphasised the need for adequate fire protection. The fire-fighting organisation at the Hospital which has been in operation since the first day of the war, has been extended. Every roof of the Hospital has been fitted with fire-fighting appliances, and there are six regular fire squads on duty each night in the Hospital. In addition to these regular squads great help has been given by the medical students on all occasions when incendiary bombs have been dropped. On one particular night approximately one dozen incendiary bombs were dealt with in the space of a few minutes. The following morning it was discovered that an incendiary bomb had also fallen on the roof of the Church of St. Bartholomew-the-Less. Fortunately, this bomb had failed to explode and it was removed without having caused any appreciable damage. The work done by the fire squads forms part of their ordinary duties, and they receive no extra remuneration for carrying it out. I think the Governors will like to know, however, that the Treasurer and Almoners have on occasion given gratuities to members of the Head Porter's Staff or of the Works' Department who have given specially meritorious service on the occasions above referred to."

OUR CANDID CAMERA

LETTER FROM A G.P.



"Second Stage."

Lincoln.

Nov. 24, 1939.

Dear Dr. —,

I am very much obliged to you for your report on Mrs. —. There seems nothing to account for the attacks of tachycardia unless there may be appendix, or ovarian, trouble. Perhaps you will give her an X-ray. She is rather neurotic.

Her husband had polyneuritis some years ago, but can walk half a mile with a stick, and is in good health otherwise, bodily and mental, except that he has to pass a catheter.

She had a child before she was married. Her mother's first baby was very premature, and a fine child. Her grandmother had two children before she was married.

One of her aunts also blotted her copy-book, but they were all nice people, good workers, and, apart from their hobby, most respectable. Underdone pork, and underdone women are not wholesome and there may be something in that.

Thank you for the prescription. I have used it on her.

Kind regards,

Yours sincerely,

N.B.—All moral after marriage.

GERMAN PHYSICIANS A CENTURY AGO

The issue of the *Medico-Chirurgical Review* of April 1st, 1839, contains the following description of contemporary German physicians:—

"It might be a curious inquiry to ascertain what are the causes of the present state of medical literature in Germany; why there is such a want of good books on medicine and surgery, along with such an abundance of excellent books on anatomy, physiology and materia medica. Three causes suggest themselves. The theoretical and generally impractical turn of the German mind; (2) the want of public hospitals managed as in England; and (3) what appears to be far the most important cause, the mode of appointment of professors in the German universities. The aspirant to a professorship commences his career by obtaining leave to lecture under the name of "privatim docens." His object is to obtain some

name as soon as possible in order to secure early promotion to a professorship. This he can most readily do by writing something; and whether the individual has had experience in his profession or not, he writes his book. In anatomy and physiology, where everyone has the means of making new observations, this is very well; but in medicine and surgery it has the most prejudicial effects. The same evil continues after the *privatim docens* has attained the rank of professor, when it is a matter of profit to him to have his system of medicine as a handbook for his class. The general result of this is, that for practical improvements in medicine Germany has always to look to England and France, although it is not meant to be denied that from time to time works of great practical value appear."

J. D. R.

THE ART OF PASSING EXAMINATIONS

by JAMES MAXWELL, M.D., F.R.C.P.



THE medical student spends nearly six years of his life in acquiring information on a great variety of subjects. When going through these strenuous years he has two, not entirely similar, objects in view. His primary objective is to fit himself for the practice of his profession after qualification, and obviously he must keep this always in mind. The second, no less important, for it is the essential preliminary to his main objective, is in due course to satisfy the examiners that he knows his work reasonably well. It is a fact that much of the information which the student acquires during his Hospital course turns out to be of comparatively little value to him when he ultimately enters practice; this knowledge is stored up chiefly with the object of passing examinations, and the student can hardly be blamed if he cannot see the point of working hard to learn that which is likely to be only of transient benefit. At the same time examinations must be passed and it seems an extraordinary thing that, when so much teaching is being carried out, no systematic instruction

is given to the student in the art of satisfying his examiners. It is held by many that the whole system of examinations is wrongly conceived, and that it fails to a considerable extent in its object of picking out those candidates who are most suitably qualified for their future work. There can be no doubt that there is a great deal of substance in this criticism, but it is difficult to see what method of qualification, or what standard, could be substituted. It is therefore necessary at present for the student to accept the system and to devote a certain part of his energies to the purely academic end of passing examinations.

The qualifying examination can be divided into three parts, the written, the clinical, and the oral. The object of these hints is to direct the attention of the student to those points which he should carefully consider in the technique of handling each part of his examination, for a candidate who is properly equipped to meet the examiners starts with a tremendous advantage over his competitors who approach the ordeal without previous consideration of how they will carry it through.

An important factor in the result of the examination is the state of mind in which it is approached. The candidate has spent the preceding three years preparing himself for this particular test, and during that time he should have acquired sufficient self-confidence to enter the examination room in a state of complete equanimity. Self-confidence is a great asset, but it must be clearly distinguished from cocksureness. The man who "knows it all" does not know enough to realise how little he really knows, and this type will frequently come away from the examination hall with the impression that he has done extremely well when, in fact, he has done badly. The candidate who is most likely to pass is one who is fully conscious of his shortcomings and who realises where he has gone wrong. No candidate has ever yet completed a perfect examination, and none ever will, so there is no need to worry unduly about the mistakes in any given part of the paper so long as one is conscious of their existence. In this connection it may be remarked that

sins of omission are more venial than sins of commission; it is better to leave out something inadvertently than to put down a good deal of palpably incorrect matter.

Some, of course, are good examinees, and these will have no difficulty in getting through. These remarks will be of little use to them, for they know instinctively the correct method of approach. Considerable numbers, however, are bad examinees, and it is hoped to help them by trying to analyse some of their shortcomings. Undue diffidence is often coupled with the inability to make the most of the knowledge which the candidate possesses. He starts with an inferiority complex and meets his troubles before they arrive. If anything goes wrong he is unduly shaken and therefore does worse in subsequent parts of the examination. The bad examinee is bound to be always at a disadvantage while the present system of examinations is in force, but practice sometimes helps to accustom men of this type to being examined, and it is therefore a wise plan to enter for all possible scholarship examinations during the clinical course in order to obtain practice in the art of being examined. The bad examinee may comfort himself with the knowledge that others of his kind have often done exceptionally well in practice after they have passed the qualifying hurdles. In fact, experience tends to show that it is the too-brilliant student, who never has any trouble with examinations, who tends to become mediocre when he has to put his theoretical knowledge to practical use.

Some men are so highly strung that they make a practice of taking sedatives before an examination. There is no objection to this, so long as only the milder sedatives are used, although it is only in exceptional cases that the practice is likely to be of benefit. For years past the more phlegmatic type has been in the habit of stimulating his mental powers with strong coffee, and the effect of this is no doubt beneficial in many cases. More recently some candidates have experimented with Bensedrine in attempting to stimulate their mental processes; unfortunately, no drug has yet been invented which will produce knowledge which is not already stored in the candidate's brain, and the chief effect of drugs of this type is to make a man feel that he has done better than he really has. In the vast majority of cases there is certainly no indication for examination pre-medication.

A word may be said about the relation of the candidate to the examiner. It is quite wrong to regard examiners as natural enemies who are out to "do one down." The object in qualifying examinations is to pass all of those candidates who are likely to make good doctors. There is little or no element of competition, and the examiner is usually genuinely anxious to be helpful. This attitude, however, does not apply to the higher examinations, where it is up to the candidate to convince his examiners of his fitness without assistance from them.

The Written Examination.

The first part of an examination in any clinical subject consists in answering one or more papers of questions. It is necessary to realise that by writing his answers the candidate is committing himself and that, once his paper has been collected, there is no possibility of retreat from statements put down in writing. It is therefore necessary to be particularly careful that the answers are clear and free from unintentional ambiguity; sometimes an ambiguous answer might, of course, produce results, if the candidate is not sure of his facts, and if the examiner happens to read the answer in the right way. Before actually considering the approach to the paper itself there are one or two points which need comment.

The first is the handwriting of the candidate. The average medical student, through a long course of taking down lecture notes at high speed, is apt to find that his handwriting steadily deteriorates so that, when he approaches his final examination, it may even approximate to the illegible. It is clear that the examiner who has many papers to correct is bound to think more kindly of a paper which causes him no trouble to decipher than one in which every word necessitates a struggle. In some cases illegibility is merely due to haste or to nervousness, and both of these factors can be overcome. In any case the candidate who writes illegibly is placing himself, in this part of his examination, at a definite disadvantage. Of course, it is a common tradition that the handwriting of the qualified doctor is usually illegible, if we are to believe the comments of coroners, judges of the High Court, and others whose position renders themselves immune from criticism. It is doubtful if, in fact, the handwriting of doctors is any worse than that of any other body of professional men. There is no virtue in illegible handwriting, and a little

care devoted to this point is always amply repaid.

Another point of some, although minor, importance is spelling. Although the examiner would not be justified in taking any drastic steps in the correcting of a badly spelt paper, yet bad spelling is obviously unlikely to prejudice him in the candidate's favour. Incorrect spelling of complex technical terms is, of course, excusable, and even the leaders of the profession are occasional sinners in this respect. Those who have had a sound classical training are much less likely to err than those brought up on the modern, or on the so-called "science," side at school. The spelling of ordinary words is much more likely to leave a bad impression, and one only too often finds even qualified practitioners who err in this respect. Quite recently an application for the post of House Physician was received from a candidate who proudly stated that he possessed the degree of Bachelor of "Medecine," with distinction in "medecine." The spelling of names of certain drugs is very weak among students, chiefly because they have not been properly taught to write prescriptions. In this connection it is permissible to recall the case of the House Physician who made up a digestive mixture with infusion of "colombo" on the day before a certain well-favoured candidate was successful in the Derby.

When the candidate is actually faced with a paper of questions, his approach to it should be calm and methodical. The student who, after a hasty preliminary glance at the questions, commences to write at a furious pace and who keeps up this pace for three hours, is not one who is writing down sound information, and he cannot be putting his thoughts down in a coherent manner. Success in written examinations is not measured by the number of supplementary sheets filled up with writing, although one sometimes hears the quantity of written matter referred to with pride.

The best approach for the average student is to divide his time strictly into periods, to allow approximately an equal period for each question, and to stick strictly to his schedule. It may sometimes be that the candidate calculates that he can answer one question in less than the allotted time; there is no objection in this case to increasing the time devoted to another question. It is necessary to avoid the temptation to answer one question, on which the examinee

happens to be particularly well informed, at excessive length, and to leave so little time for the remaining questions that it is not possible to make the best use of his knowledge in the time at his disposal. Occasionally an attempt is made to bluff the examiner by writing one or two long questions and by answering the others in a sketchy manner in the hope that it may be assumed that the candidate knows more than is really the case; it does not augur well for one's chances to be reduced to such an extremity, and this type of subterfuge is rarely successful.

It is a good plan to allow a few minutes for complete mental rest between each question. For instance, it is quite difficult, having just answered a question on a complex neurological problem, to switch straight to a discussion of an equally complex problem which relates to some entirely different system of the body. Two or three minutes of complete mental relaxation is a necessary preliminary if the candidate is to make the best use of his knowledge.

Before actually proceeding to write anything down it is a wise plan to devote five minutes to a consideration of the question, and to planning out, paragraph by paragraph, the best method of answering it. The question should obviously be read carefully, for by this means misunderstanding is not likely to arise; a full description of lock-jaw is not likely to be acceptable in answer to a question which deals with the pathology and treatment of tetany. It is obvious that no credit can be allowed by the examiner for what is, under the circumstances, gross carelessness on the part of the candidate.

The candidate should first write down, on a separate piece of paper, the subject matter of the various paragraphs, after which he is in a position to commence to answer the question. He now has his thoughts arranged in an orderly manner, he is able to proceed according to his own pre-arranged programme, and he is therefore able to make the best use of his knowledge. A point of difficulty which sometimes crops up is how to put down all that he knows in the comparatively limited time. The aim must be to acquire the maximum amount of marks on each question, and everything which is not strictly relevant must therefore be excluded. When the time appears to be short there is every reason to adopt a classification in order to economise space and time. Classifications are extremely useful,

and the student should find it worth his while to practise classifying the causes and treatment of disease, not only from the point of view of the examination but also because, when he enters practice, he will be much less likely to forget an important cause of a symptom or sign, and so run the risk of making a mistake in diagnosis. At the same time undue indulgence in classification might expose the student to a risk against which he should be put on his guard. If one knows a subject well it is tempting to impress the fact upon the examiner by putting the rarities first. This tendency must be sternly discouraged in a written examination. The student who answers a question on the causation of peripheral neuritis by writing a page on leprosy and by mentioning diabetes, arsenical poisoning and alcoholism more or less as an afterthought is not impressing the examiner in the way which he fondly hopes. It is a sound rule to place things in the order of their commonness and clinical importance; the highest marks will be given to the candidate whose answer is of the greatest practical value. The addition of "frills" will pick out the man whose knowledge is more detailed, but this information can only prove remunerative to him if it is put in its proper place.

A final word may be added with regard to prescription writing. For generations it has been the custom for prescriptions to be written in Latin, and many good reasons can be put forward for the continuation of this practice. It is, however, a regrettable fact that the heads of our profession now actually seem to prefer English, although, illogically enough, some of them also appear to favour the use of the metric system, which is unfortunately official in this country, in the specification of quantities.* The doses set out in the official pharmacopœia are specified in the Imperial system of weights and measures and also, oddly enough, in a literal translation of these measures into the metric system.* At present the candidate would be well advised to learn one system only, preferably the Imperial system, and if, as is only too frequently the case, his knowledge of Latin is insufficient for his needs, he should write his prescription in English in order that he may express himself clearly. It is a good plan to learn the prescriptions used in the treatment of common conditions during the period of ward clerking. It is astonishing how few drugs and how few prescriptions are really essential, so that it

is not a task of any great magnitude. When writing the treatment of any given complaint it is as well to set out the details in an orderly manner. It will be found that treatment can be considered under five headings and the use of the following table is likely to prevent important therapeutic measures being overlooked :—

1. Rest.
2. Hygiene.
3. Diet.
4. Drug treatment,
 - (a) Specific.
 - (b) Symptomatic.
5. Special treatment,
 - (a) Non-operative.
 - (b) Operative.

Before finally handing in his papers the candidate should, if time permits, read through the questions in order to see if any last-minute alterations are desirable. It is better to make this general survey at the end and not read through each question immediately after it has been written. A more detached view is taken after a little time has been allowed to elapse between the writing of the answer and its subsequent perusal. It is a good plan to allow at least ten minutes for this task when compiling the initial time-table.

The Oral Examination.

The oral examination must be handled quite differently from the paper, for the examiner is met face to face, and there is therefore an opportunity for the emergency revision of opinions which is not available when a paper is being written. Before entering for any examination which includes a meeting with the examiners it is obviously wise to take the precaution of finding out who these examiners are to be, as well as details of their temperament, subjects of special interest, and fads, if any. Examiners may be divided into four classes, the impassive, the genial, the average and the brusque. The first two classes are by far the most difficult to cope with. The impassive examiner gives no clue by his facial expression to the impression which is being made upon him; the student who knows his work well has no cause to fear this type, but one who is not sure of his facts is apt to deduce the worst and therefore not to do himself justice. The genial examiner is often a menace. His demeanour is apt to encourage the candidate, so that he does not realise how far astray he is being led; the candidate is often left with the impression

* Why "unfortunately"?—Ed.

that he has done quite well, and consequently may fail to understand the reason for his receiving a pink slip. The average examiner is, of course, the commonest type and the one most easily handled. Any student of physiognomy is able to deduce a certain amount from the way in which he receives the answers given, and it is usually possible abruptly to modify the answer, even in the middle of a sentence, when it does not seem to be meeting with the desired reception. It is an axiom, in an examination, that the examiner knows best, and it is therefore useless for the student to persist in expressing views which are manifestly unacceptable, no matter how convinced he may be that he is correct. The brusque examiner is a trial to the nervous system, but statistics show that he is not nearly so dangerous as some of his colleagues. He may delight in making things uncomfortable, but he is apt, as a rule, to be generous in his marking, so that there is little to fear so long as the candidate does not allow himself to be put out of his stride.

Examiners often have their special subjects, upon which they have usually expressed their views in writing. It is an obvious precaution that, whenever possible, the student should make himself familiar with the views of his examiners and should be prepared to produce them when required. A specialist is often kindly disposed to those who know less than he does about his own subject, for he does not expect so much from them and he is quite happy, even in an examination, to teach them something about it. The specialist who wanders from his own to some other subject is more difficult to deal with, for he is frequently not very up to date in his views, and it may be possible to get at cross purposes with him, with unfortunate results. It is a wise procedure to lead the specialist on to his own special subject and to display a becoming amount of interest if he tends to become at all didactic.

In an oral examination it is well to cultivate the art of leading the examiner in the desired direction. It must be remembered that examiners who have to produce relays of questions to successive candidates for three or four hours at a time are very apt to become tired, and possibly disgruntled, as a result of the mental strain which this procedure entails. The student who can so answer questions as to give the examiner

an obvious lead to another question is in a strong position if he is already prepared to answer the expected question when it is put. One often hears a student give an answer which leads naturally to a further question which he is obviously not in a position to answer, and nine times out of ten this need not occur.

It must be remembered that examiners are human and that many of them have their lighter moments, especially in the oral part of the examination. It is tactful to be able to enter into the spirit of any light-hearted question and not be put out by an unexpected quip. An examiner in the Primary Fellowship Physiology some years ago was wont to show the candidate a glass of urine and then to enquire: "What is the most abundant inorganic constituent of urine?" The majority of candidates would suggest sodium chloride, although a few, less well-informed, would proffer other substances. The correct answer, of course, was water, but it could be noticed that the examiner was always kindly disposed to those who fell into his little trap.

It very rarely happens that an examiner is unfair, although cases of this type are not unknown. A classical instance was the examiner, now dead, who had a "down" on the students of one particular Hospital. When his co-examiner happened to belong to this particular Hospital, this individual was always aware of the origin of the students from that same Hospital, for he had to give them a viva of double length instead of sharing them with his colleague, as was the case with students from a neutral Hospital. He evolved an infallible technique for demoralising his victims at the very start of the encounter. To the student who politely closed the door on entering the room he would growl, "leave the door open, can't you feel how stuffy it is in here?" If, however, the door were left open he would make the sarcastic comment, "another —'s man, I see; haven't you the manners to shut the door?" Needless to say, examples of this type are extremely rare. Another type of examiner who may be unfair is the one who has a bee in his bonnet on a given subject. It may be that he has an undue facility for hearing bronchial breathing or very faint aortic diastolic murmurs. In any case, foreknowledge of this examiner's foible is sufficient to guard against any unfortunate result.

The clinical examination is a variety of the oral examination in which the candidate's theoretical knowledge and his powers of observation are tested simultaneously. All that has been said about the oral examination applies in the clinical, but certain other observations must be made. The haunting fear of the student is that he may have "missed something," and he quite frequently has. This applies more to short than to long cases. The scheme of teaching which causes the student to depend on a complete history and then upon a complete physical examination from the crown of the head to the soles of the feet is ideal, and is quite suitable for long cases, but it is obviously useless with a short case. The student who relies too closely on the methods of clinical examination taught to the clerks in their first three months is very likely to get into difficulties in this part of the examination. It is essential to acquire the art of getting to the heart of the problem, and of sticking to it, that leads to success in short cases. The student who always starts with the pupil reactions and works downwards therefrom is apt to find himself short of time before he has reached the site of the trouble in a patient who has a gouty big toe. Clinical examinations involve contact with patients. It not unusually happens that the patient is only too willing to offer advice, or even a diagnosis; this assistance should always be received with a certain amount of caution, for the patient is sometimes under a misapprehension himself, and his too facile suggestion of a "rupture" may cause the candidate to overlook the presence of an obvious hydrocele. It used to be the practice for candidates to take the precaution of trying to see, before the examination, certain of the cases which were likely to be shown in the clinical. Obviously, this is a matter of difficulty and, in surgical cases at least, it might lead to disastrous results, for the examiner might not hold the view which was accepted when the patient was shown in the Out-Patient Department. It is a better and safer procedure not to attempt to acquire foreknowledge, but to approach the patient in an unbiassed frame of mind,

always remembering that the cases selected are usually straightforward and that the mistake that the candidate is likely to make is to look for pitfalls which are not there. In this connection it is permissible to recall the case of the man who had failed the Final Fellowship on numerous occasions, usually in the clinical. He determined, on the latest attempt, that he would at least make sure of seeing all the cases that could be shown, and he devoted himself to an exhaustive round of the Hospitals to which the examiners were attached. On entering the room where the examination was to be held, he noticed that he was familiar with all the patients with one exception. To his horror the examiner guided him in the direction of the single unknown. Without a moment's hesitation he turned to his examiner with a look of absolute candour in his eyes and said, "I really must tell you, sir, that I have seen this patient before!" History relates that the examiner's reply was, "very honest of you, my boy, you had better come and examine one of the other cases." Perhaps such presence of mind deserved its reward.

The clinical examination is always a bit of a gamble, for it may happen that a candidate forms a more sound opinion about the patient than his examiner. It is extremely bad luck when this happens, and examples are by no means unknown, but the principle presumably is that, although the lesion did not turn out to be what the examiner thought it was, it *ought* to have been! At the same time a candidate who is the victim of such an event must be left with a very justifiable sense of grievance at his bad luck.

In conclusion, I would like to repeat that it is not always the best man who passes examinations with the greatest ease, nor does facility for passing examinations appear to bear much relation to the success of the subsequent career of the student. It is when the final examination is passed and the licence to practice has been conferred, that the doctor begins to learn his profession in the best of all medical schools, the school of practical experience.

"It gives me a shudder to think of the constitution our ancestors had, and of how they withstood the assaults of the apothecary."

OSLER.

SOCIETY OF APOTHECARIES.

Dates of the Society's Examinations for the month of April:

Surgery, 15, 16, 17.

Medicine, Pathology and Forensic Medicine, 21, 23, 24.

Midwifery, 22, 23, 24, 25.

CORRESPONDENCE

LEVANTINE THERAPEUTICS.

To the Editor, St. Bartholomew's Hospital Journal.
Sir,

I feel that the therapeutic principle about to be described should be placed at the disposal of our profession with the least possible delay.

My patient was an Australian officer stationed in one of the Aegean islands. He was suffering from catarrhal jaundice, and at the end of a fortnight was to my unenlightened eye practically convalescent. But the Wise Ones of the island knew better, and through the interpreter (who had once been a waiter in New York) they gave daily more gloomy prognoses. In fact, the Old Lady in the Hills forecast certain death in a month. At last they could stand by no longer, and one forenoon a small band of ex-brigands descended from the mountains and proceeded to administer their life-saving treatment. The patient's upper lip was turned back and a piece of epithelium picked up by means of an ordinary sewing needle and white cotton; a ligature was then tied and gentle traction resulted in a small fold of flesh; this was sliced off with a razor. The leaves of a scented wild plant, crushed up with salt, were then applied to the wound, and the piece of cotton with its minute bit of the patient attached were hung up over his bed. The ex-brigands then departed well satisfied.

Inevitably the jaundice began to fade the next day!

J. C. RYLE.

At Sea, December, 1940.

A PROTEST.

The Editor, St. Bartholomew's Hospital Journal.
Sir,

Mr. Leacock's letter in the February issue of the Journal is of interest. He appeals for a more critical outlook, realising perhaps that though the individual may proclaim his abhorrence of politics and economics, these two latter have no such aversion for him—as is evidenced by the general changes, sometimes of a violent nature, that have occurred since the War commenced.

But whether we are to be progressive or reactionary depends not upon a chance decision but upon the particular form of philosophy which one, consciously or subconsciously, accepts. If we are absolutists and hate change because we think it ought not to occur; if we are always looking back to those "better" days and hope to bring them back again; then, our outlook must, of necessity, be biased and restricted and we hate those who appear to have been the cause of the change.

As an illustration of this, we may take the poem, "Brighton—a cavalcade," that appeared in the same issue of the Journal. The technique and turn of phrase here were excellent and one could only feel regret that so great a degree of skill had not been utilised in a manner less calculated to be offensive.

Doubtless, one should not grumble at such a petty example of obscurantism—of which racism is but one manifestation. Obscurantism is always present and in times of war, when the baser

passions are aroused and one's critical faculties are dulled by the "necessity" for blind belief in official philosophy, then, not unexpectedly, it increases and finds outlet in publications of all kinds, including, apparently, the Journal.

And so we read of the vanishing "large and lordly limousine" (Jewish) and of how the "gentlemen of Jewry" ran before some threatened danger, and so on.

Should we accept, however, that change is universal; is one of the properties of matter and will continue despite our backward longings; then, we learn to recognise, sympathise with and help to direct it. Our general outlook is broader so that we realise that the fleeing Jewry have their complement in the owners of those stately London houses (which now are empty, in strange contrast to the crowded but resplendent—and above all—safe dungeons of the Dorchester, who have created the sudden demand (vide *The Times*) for safe country houses far, far away from danger.

It is now evident that the common factor of the fleeing Jewry of Margate and the vanished aristocrats of Kensington, is money. Those who can afford to—whether they be Jew or Gentile and with exceptions in both cases—have fled to safer spots—sometimes across the sea. Those who cannot, either remain or take advantage of the Government evacuation scheme.

This question is thus removed from the fallacious racism in the form of which it was propounded, and is restated in a form which is more amenable to rational discussion.

From this it is seen how important is Mr. Leacock's plea for critical thinking in matters extra-medical as well as medical. What I wish to stress, however, is that a correct philosophical basis for one's thinking is even more essential if we are to achieve results that are worth anything at all.

What I have in mind particularly at the moment is the fact that we are at war and fighting, not merely against Nazism (which includes racism), but FOR something, too. At least, so we are told. And we—the medical profession—must do our part in helping to decide what that "something" is going to be.

We should prepare ourselves for that task—else we hold smug complacency in higher esteem.

Yours faithfully,

H. A. ISENBERG.

[Since the author of the poem "Brighton—a Cavalcade" is on active service some five thousand miles from home, I feel it incumbent upon me to comment on this letter. No one, I feel sure, will be more grieved than he to see the words "offensive" and "racism" mentioned in connection with his light-hearted composition. R. B. P. is perhaps the best known of Bart.'s humorous writers. For generations Jews (and Scotsmen) have suffered playful *badinage* at the hands of humorists in this country, and have always taken it in the right spirit. Racism never for one moment entered the head of any member of the Publication Committee. I deeply regret any offence which this poem may have caused. —Ed.]

AND A WARNING.

To the Editor, St. Bartholomew's Hospital Journal.

Sir,

I have been consulting the legal advisers of the Sitwell family and you will shortly hear from

them in regard to the defamatory review which has just been brought to my notice in the last number of your Journal. Since its appearance my practice has disappeared.

I am, yours faithfully,

KENNETH WALKER.

LA DERMATA COMMEDIA

The following verses were found in the course of the recent demolition of the old Out-Patient Department. This antiquated building went back to the beginning of the twentieth century and was the only part of the Hospital to escape destruction in one or other of the wars which devastated Europe in the twentieth and twenty-first centuries. The lines are no doubt a burlesque: nevertheless, it is probable that a not altogether unfair picture is presented

of the primitive state of medicine at that time, circa 1935

Prof. Hiram P. Gottrox, the well-known author of "The Decline and Fall of the European Civilisation," has kindly written footnotes dealing with literary obscurities, while medical and topographical detail is elucidated by the Dean. Our grateful thanks are due to these learned gentlemen.

(Ed.)

CANTO I.

Verse

1. *Arma virosque cano,
Qui penitus laborant:
Detergent plenas et olentes
Aulas ardentemque cutem.*
2. Let me tell of the skill and the men
Who patiently labour each day:
Congestion from skins overheated
And halls over-filled clear away.
3. Woe is the poor dermatologist
Faced with innumerable rows
Of patients all reddened and weeping
From the roots of their hair to their toes.
4. In his barque they are gathered by
Charon,
Who beats them all in with his oar,
Then pushes a stretcher or chair on,
Takes all to the groaning third floor.
5. 'Ere the first load mounts through the
air
New skins down below disentomb,
All wailing these clamber the stair
Inexorably drawn to their doom.

6. The streams up above re-unite,
Then hesitate whither to go.
To "Roentgen" some pass to the
right,
While floods into "Skins" overflow.
7. The Bore mounts full at the portal,
Where Cerberus crouches on guard,
To the doomed he assigns with a
chortle
Their yellow and sinister card.
8. The sound of their stream now gets
louder
As they 'gin their eczematous dirge:
"O Rep us our cream and our
powder."
Vain hope that their skins they can
purge!
9. Like torches Neronic aflame,
They scratch in pruriginous grief,
While devils in chorus exclaim
"Abandon all hopes of relief."
10. The whirling and unceasing wind,
That harries rosaceous souls,
Brings faces afire and red-chinned,
Borborygmously drives them in shoals.

Verse

1. In the early nineteen hundreds medical men were still required to know Latin.
Virgil, Aeneid, line 1: *Arma virumque cano, qui*
l'enitus—with pains. Aeneid III, line 32: *causas penitus temptare latentes.*
To seek out with pains the underlying causes.
- 4 & 5. Dante, Inferno, canto III, line 82.
—Hiram. P. G.
6. The third floor was shared by Skins and Dentals to the left, and X-Rays to the right.
Yellow: There seems to have been something

sinister about a yellow card or ticket, but I have been unable to explain this satisfactorily.—The Dean.

10. Inferno V: Dante represented the sexually over-active as buffeted about in Hell by a wind that never rests: a fitting punishment for their restless earthly life.—Hiram. P. G.
The association of rosacea and sex was first shown by Klaber and Wittkower, Brit. J. of Derm. and Syphilis, 1939.
Borborygmi is the technical term for those sonorous abdominal rumblings which are audible in many individuals, sometimes at a great distance.—The Dean.

CANTO II.

11. Is there a female with varicose ulcer Elephantine, a twenty-stone-stunner?
Up to Skins in the end they repulse her,
There for ever to come for an Unna.
12. Scabietics Prurigo will seize
And torture their acarous frames.
With unguents infernal he'll grease
And cast them to sulphurous flames.
13. False prophets with heads all reversed
Scour their backs for the insects that
gore 'em:
Their shoulders and buttocks accursed
With pediculi vestimentorum.
14. Blue feathers fell Harpies adorn,
Who snatch psoriatics to robe in
The sheets polychrome and toil worn.
Unutterable squelch chrysarobin!

11. Unna: Early dermatologist of Hamburg (circa, 1880-1930), inventor of a gelatin bandage, much used in the twentieth century for varicose ulcers. The treatment is long since obsolete.

12. Prurigo: A chronic, very itchy state of the skin, here personified to represent an evil spirit.

Scabies: This now extinct disease was caused by a small mite, discovered six hundred years ago by Bonomo of Leghorn. Three centuries later it was still almost the only skin disease of which the cause had been found. It was treated by the application of sulphur.—The Dean.

13. False prophets: Astrologers, soothsayers, and other charlatans, who pretended to see into the future. Dante, Inferno XX, set them in Hell with their heads reversed.—Hiram. P. G.

The now extinct parasite, pediculus vestimentorum, or body louse, attacked especially the shoulders and buttocks.—The Dean.

14. The sisters of the wards presumably wore blue.

15. Forth now, ye blue girdled Furies,
And paint them all over with pitch,
But despair that herein any cure is:
In ages unending you'll itch.
16. But one there exclaims in his pride:
"Like this I'll not stand being treated.
"It's the blood that's all wrong, not
my hide,
"With acids engummed and o'er-
heated."
17. "Here I sit in this lichenoid rind,
"And hope some night in my dreams
"Just a few minutes' solace to find
"In a vision of soft cooling streams."
18. In silence one tears at his scales
And gnaws at his vestment of pain:
With teeth supplementing his nails
His lips he can't spare to complain.
19. That belly with black acanthosis,
On legs asymmetric with dropsy,
Must harbour some strange carcinosis,
"Ward him then, pending autopsy!"

15. Senior nurses had a blue belt.
Tar, pure or diluted, was much used in dermatology.—The Dean.

The last line is perhaps suggested by Milton, an early British poet: *Paradise Lost*:
"There to converse with groans
"Ages of hopeless end."
—Hiram. P. G.

- 17, 18 & 19. Inferno XXX: In one of the deepest pits Dante put vendors of adulterated goods, debasers of the coinage, etc. Their punishment was to be themselves diseased. Dante's clinical description of the man with ascites is striking: a disproportionately scraggy face and neck on a great belly, made him resemble a double bass supported on limbs, asymmetric with dropsy. There are many other examples in the *Divina Commedia* of the power of Dante's clinical observation.—Hiram. P. G.

Acanthosis Nigricans: A very rare disease, usually a precursor of what in the nineteen hundreds was called "cancer."—The Dean.

(To be continued.)

MEDICINE AND SOCIOLOGY

It is now generally accepted that unless radical reorganisation in all spheres of life is effected after the war, the destruction now occurring around us will be entirely in vain; the appointment of a Medical Planning Commission is an indication that the medical profession is aware of this need. At the present time, when the conditions of peace are not yet predictable, only general outlines of policy can be formulated, but there appear to be two main paths along which reorganisation can be directed, either with emphasis along purely administrative lines for a State Medical Service or else a fundamental change in clinical teaching, and consequently in clinical outlook and sphere of action.

In dealing with the latter alternative primarily, the following two cases conveniently contrast two types of clinical outlook.

Case 1.

A housewife, who had previously been subjected to clinical and laboratory tests, had been diagnosed as suffering from bronchiectasis. A student was asked to outline a course of treatment, and being well taught according to modern methods, in parrot-like fashion he mentioned general measures, including rest, fresh air, and full diet—measures which meant little to him, and literally nothing to a busy slum-dwelling housewife, particularly in war-time. Drugs were then discussed at some length, and finally postural drainage was suggested, whereupon the physician in charge asked the patient if she practised this at home in bed. She replied that this was impossible as she had no bed and slept on the floor. This rather startling fact was underlined by a sudden outburst of weeping from the couch, yet no further comment was made by anyone in the room, and the patient returned home to her misery, together with some creosote tablets.

Surely treatment should have begun, rather than ended, here?

Case 2.

An early case of albuminuria of pregnancy in a young unmarried working-class girl, thirty-eight weeks in gestation, was referred to an enlightened gynaecologist from an ante-natal clinic. She had no complaints, but was rather pale and listless, and œdema,

albuminuria, and hypertension were all of a mild degree. The usual procedure with such a case was to give the patient a diet sheet, and watch the physical signs. However, the fuller implications of such a case were not this time overlooked, and she was admitted to hospital that day. On admission, she devoured a hearty meal, and then, unaided by drugs, slept solidly for fourteen hours. Next day the change in her general demeanour was astonishing, and after two more days of alternately eating and sleeping she became the darling of the ward, and on the fourth day asked permission to return home, "To get married"!

Clinical signs and laboratory tests have undoubtedly a very important place in medical practice, but the recent advances have tended to blind us to the necessity of treating the patient as an individual. It is not generally appreciated that he is more than one of a series with a certain disease—he is an individual whose whole outlook on life has been modified to a greater or less extent by his illness. A study of the variety of reactions amongst one's friends during an epidemic of common colds will confirm this, for, indeed, it is not only the nasal mucous membrane but the whole organism that reacts to the disease.

Medicine has suffered in just the same way as most other branches of science today. The technical advances have taken, and will take, gigantic strides forward, yet the practical application of these assets has gone sadly awry or received scant attention. In all branches the individual has been sacrificed, either to machines in general, or to laboratory tests in medicine in particular. When cardiac murmurs were first appreciated they were all regarded as serious indications of a diseased organ whose functional capabilities were entirely overlooked until Mackenzie and Lewis first drew attention to the fact that the health of the myocardium was of prime importance in assessing the gravity of the cardiac lesions. In the future we may hope that the demands on the efficiency of the myocardium will receive more attention. A patient who lives on the top floor of a large tenement block some distance from her work obviously taxes her resources more than a sedentary worker living on the ground floor nearby,

and we should strive to obtain such facilities as would enable us to make the alleviation of social conditions an integral part of our treatment. Again, it is useless to enquire after every patient's appetite without also knowing if the quality and quantity of food available to satisfy it is adequate, especially in view of Sir John Boyd-Orr's statistics for grave under-nourishment in the U.K.

There are of course, many other sidelines in which planning is indicated, such as the establishment of provincial clinics for specialisation in pathological investigation, the development of preventive medicine, the active collaboration between physicians, surgeons and psychologists, the practice of euthanasia, the control of proprietary drugs and advertisements, etc., but there is neither need nor room to emphasise these here.

Surely we should strive, then, to create a Medical Service whose goal would be to treat each patient as an individual being, a

separate unique entity greatly influenced in every way by his environment, both internal and external. The alternative is to adopt a system akin to that of the L.C.C. to-day, where an order from a superior medical official states clearly how a disease is to be treated, a system which would destroy all art in medical practice.

Peter Drücker, in his excellent book, "The End of Economic Man," clearly traces the reason for the advent of totalitarianism, describing it as the last mad gamble of Economic Man to overcome and master the social chaos in which the worship of Money and Machines rather than of Intellect and Craftmanship has led us. With the fall of Fascism we must expect a new non-economic era to dawn, and by emphasising the importance of individualism, the medical profession might well help to lay the foundations for the future era about to dawn—perhaps that of Individual Man.



The Easter term, commencing as it did for most of us with a fall of snow, promised to be a wintry one in the proper sense of the word. Snow fell heavily on occasions, and bicycling was a hazardous undertaking. A roof-to-roof snowball fight was watched and enjoyed by many not far from the Anatomy department, and several dignified gentlemen were seen to undergo rather undignified movements as they avoided the snowballs from above.

Skating has not yet been a prominent feature of this term's sport, but many hope that a sudden frost will supply them with a few hours on the ice up Grantchester way.

Nine o'clock Anatomy lectures are well attended despite the cold mornings, cold lecture theatre and colder reception if much more than thirty seconds late.

It seems that since Bart's has been in Cambridge, the beauties of at least one

laboratory have been suffering slightly, due to the excessive amounts of work done there by Bart's students. Beautiful laboratories and Bart's students are incompatible.

The rugger match between Bart's and Cambridge is discussed elsewhere. A heartening try was scored by Bart's at the beginning of the game, and this ascendancy might have been maintained had there been a better attendance of pre-clinical students to add their vocal assistance to the team. A few desultory roars from some of the on-lookers were all that could be heard besides the usual cryptic remarks of "Have that man," and "Where are you, forwards?" A few organised sound effects can change the very tide of victory.

The terminal influx of hitch-hikers from Hill End did not take place before the Bart's dance as expected, but the dance was the usual success nevertheless. D. A. D.

RUGGER.

Whilst regretting the loss of several of our better players to Hill End since December, there are fortunately some good freshers to fill the gaps, and the team promises to maintain, if not surpass, the high standard it set last season.

v. Queens' College on Saturday, February 1st, away. Result: Won 20 pts. (5 tries, 1 goal) to 0 pts.

Tries came from A. Jones (2), P. Ballantyne, R. Corbett, K. Pittman and H. Smith. A. B. Wood kicked one goal. A. R. C.



Since our much-abbreviated February letter students at Hill End have once more settled down to work. The twenty-four-hour A.R.P. duty scheme has now been abandoned, and, instead, ten students sleep in various wards each night as potential fire fighters; the scheme, in spite of minor difficulties, is now working well.

On January 25th the "Roosters' Concert Party," in conjunction with the "Astra Kads"—a Royal Air Force dance band—gave a show for the patients. This was followed by an impromptu dance which was extremely popular.

At the beginning of last month a new set of housemen arrived—however, several old hands can still be seen strolling through the hospital.

On Wednesday, February 12th, the "Astra Kads" again played here for a

dance which lasted until 1 a.m.; we hope that we shall be seeing more of them in the near future.

The usual weekly activities are in full swing: Certain members of the community can still be seen appreciating their Sunday evening gramophone recital with a *piscine facies* peculiar to the pseudo-intelligentsia. The Dramatic Society rehearses "Poison Pen," while the sound of music which echoes through the hospital on Monday evenings is, we are informed, the chorus practising for a forthcoming production of "Merrie England."

Bad weather has unfortunately stopped both hockey and soccer; rugger matches have been played during the past month, but the secretary, who is conducting business at Hill End in the traditional manner, has omitted to give any account of these games.

FRIERN NEWS

I am sorry that my reflections last month were not appreciated. This time I have taken the precaution of inviting a panel of correspondents to collaborate with me. If this communiqué is published, it will be the first in the English language from Friern since last May.

Fondness for Friern grows on one. Every day the faithful arrive, in transport ranging from Mr. Bailey's curio-cabinet Lagonda to the neat coupé which discharges a cargo of elegance (and notoriety) from the London Fever Hospital. Outwardly the Hospital (as I remarked in my ill-fated report) bears a faint resemblance to the old Trocadero, but not even the dear old Alexandra Palace on the horizon can bring the atmosphere of Passy any nearer. Work is the order of the day at Friern: none of the "frolics" and "prunes" which seem to punctuate life so freely at Cambridge and Hill End (and by the way, what on earth are

these "stoats" and "stooges" which appear in the other communiqués with such monotonous regularity?).

The daily round of visits to the Boys' Villa, the Chapel, and Dean's Bakery sounds rather like a return to one's school days. Gynæututorials from Mr. Fraser in the R.C. Chapel, with an orchestra playing in the distance, inevitably give rise to mixed emotions, but the lecturer's equanimity is not noticeably disturbed. Dr. Maxwell, who has an all-Cambridge firm, seems not to appreciate the honour. Mr. Whitmore's lectures are popular—lectures by a student are something of a novelty.

One misses the pleasant informality of Bart's. The other day two students were discussing an operation in the theatre, and were rebuked by a junior anaesthetist (who ought to have known better). Dean's, the Friary, and the Railway, each with its distinctive menu and clientèle, are filled to

overflowing at meal-times. As a topic of conversation the war is actually overshadowed—by examinations. The Boys' Villa presents an animated scene during lectures: students examining bottles, reading the paper, and attending the lecture all in the same room together. One of the

other rooms might with advantage be brought into service. Garwood remains surprisingly cheerful, in spite of recurrent hydraulic upsets at the B.V. and its ever-open doors.

(How many months is it since they were broken?)

SPORTS NEWS

EDITORIAL.

In this short note I should like to make a plea for the institution of a war-time cup for all games, very much on peace-time lines, among the Hospitals. There are certainly difficulties, the chief of which is the evacuation of part or all of most large Hospitals from London, but I think that without exception they are indulging in sports of one kind or another—rugger especially.

Cup-ties have in the past and always will attract people's attention. Furthermore, it seems a pity that at a time when sport in this Hospital is in such a healthy state, the fact cannot be more generally known.

* * *

A.F.C.

v. Chigwell School, away, lost 3—4.

A couple of cars picked their way between goal-posts and a cricket "square" at Chigwell and disgorged the majority of the Bart's side in front of the pavilion. This unusual sight must have upset our opponents for in spite of having a rather weak side out we managed to lead at half-time by 2—1. We were, perhaps, lucky to do so, as there was a distinct weakness in our defence. This did not entirely disappear after half-time. Trevor James, however, reappearing for us after some three seasons in the lesser world of hockey, scored two first-class goals and was responsible for a third.

At last schoolboy fitness prevailed over our occasionally muscle-bound endeavours, and they added 3 more goals to their original one to win a good, even game.

Team: G. H. Wells-Cole; D. Harland, J. T. Harold; A. H. Phillips, A. J. Danby, D. Currie; J. Birch, C. T. A. James, D. J. Robertson, J. L. Fison, T. N. Fison.

R.U.F.C. 1st XV.

Since the beginning of the year we have had to cancel four of our weaker fixtures with the result that the "points for" column is not as big as we might have hoped for. On the last three Saturdays we have beaten Rosslyn Park, the Police and an Army XV, although we lost to Cambridge in midweek. These wins may be impressive but we have played better in some of the matches which we lost. We are now a very difficult side to beat but our attack still needs polishing up.

It is only too often that a three-quarter breaks through and then either gives a bad pass or passes the wrong way. Since Graham left we have rarely got the ball in the tight, but now Alcock is filling the gap quite adequately. Jackson has greatly improved of late, in fact in the Police game he scored 10 of our 14 points himself, scoring a try and kicking a penalty and two goals.

December 21st v. Met. Police at Mill Hill. Draw 0—0.

This was the first time we have played at Mill Hill this year and I'm afraid it was rather a disappointing game all round. We had a considerably depleted side and they were playing with only 13 men throughout. They were taking scrums on every possible occasion and with Dai John hooking for them they got the ball very consistently. Their wheels and forward rushes took a lot of stopping and with our regular halves missing our three-quarters rarely got going.

Saturday, December 28th v. Northampton, away. Draw 5—5.

This was our third draw in the last month and several members of the team are to be congratulated upon the way they turned up from such diverse places as Dorking, Liverpool, Chesterfield, Stafford and Grimsby where they had been spending Christmas. This account of the game is taken from the *Northampton Evening Chronicle*.

"There was plenty of real rugged Rugby in the match between the Northampton Saints and St. Bartholomew's Hospital at Franklin's Gardens on Saturday.

Played at a pace which had taken toll of some of the men well before it ended, the game was full of incident. There were the Saints getting the ball from the scrummages, but failing to out-mancuvre swift-moving wing forwards and backs, with the result that there was not a passing movement that one remembered a few hours later.

Contrariwise, one recalls the short, sharp hand-to-hand work of the Hospital backs, their admirable understanding and their high and uniform speed. Generally their movements began with a quick throw-out from a loose maul or a knock back from a line-out—in both of these phases the Hospital men were cleverer than the Saints.

Once the ball reached the outside-half, L. A. McAfee, trouble was in the making for the Saints. McAfee struck me as the best man in attack in the game, with a swift change of tactics for which his colleagues were prepared, but which several times sent the Saints scampering towards their own line to cope with a dangerous position that had developed as it were in a flash.

The forwards fought a thrilling battle. The scrummaging was hard, the rushes of both sides were vigorous and well-maintained.

The defence of both was of a high standard. Tackling was hard and determined and there was a lot of well-judged kicking for touch.

There was some sound full-back play on the other side by J. C. Westwood.

On the Bart.'s side, J. P. Stephens, the former Saint and East Midlander, was often prominent and R. L. Hall, the captain, and J. R. Moffatt were other members of a pack that had all the characteristics of Hospital forwards who have no doubts about their duties and how they should be discharged.

Hall finished a forward passing movement with a try which McAfee converted, and with the last kick of the first half, S. E. F. Pettis improved upon a try Guillaume had obtained for the Saints."

Cancelled owing to snow or frost: January 4th, Upper Clapton; 11th, Old Paulines; 15th, Training Batn. Welsh Guards; 18th, Middlesex Hospital.

Wednesday, January 29th, v. Cambridge, away. Lost 3-18. Extract from *Cambridge Daily News*:

"The University Rugby team's success over St. Bart.'s Hospital yesterday by 19 points to three did not show anything like adequate justice to the visitors, who had quite as much of the attacking play as the Light Blues, but had to pay dearly for some small errors, of which the University managed to take full advantage.

On a number of occasions, particularly in the second half, the Hospital backs worried the Cambridge defence, who kept the Bart.'s three-quarter backs at bay with some difficulty, and if the score at the finish had remained as at half time—five points to three in the University's favour—it would have more correctly reflected the general run of the game.

It was a treat to watch the beautiful, long swinging passes maintained at just the right height, which C. S. M. Stephen, the old Sidney Sussex scrum half, now at the hospital, sent out to his backs, whose handling and passing was blameless, and who tested the tackling powers of the home players to the last degree.

All the way through the game the Hospital kept up a rousing pace, which began to tell on some of the University players who were not tuned up to counter such speed; whilst at times the medics put so much into it that it made one think that they might be playing in a Hospital Cup final!

A try within three minutes of the start put Bart.'s in good fettle, B. Jackson, the left wing three-quarter, making a lofty cross punt towards goal and J. P. Stephens, the old University forward, dashing up to secure the scoring touch.

There was always an element of danger when the Hospital backs got the ball, but the Light Blues battled gamely, if in less polished style, and after 20 minutes, from a scrum close to the Hospital line, K. W. Walker forced himself over the line. G. T. Wright converted.

The Hospital had a setback 15 minutes after the interval, when, during one of their passing movements, E. R. Knapp intercepted and raced away for over 40 yards to end up behind the posts, Wright again adding the goal points.

For the next ten minutes Bart.'s worried the home defence repeatedly, but their hopes were again dashed when Knapp sprinted along the left wing from just outside his own "25" and got within a few yards of the Hospital line before being checked. From the resultant scramble J. A. Dew went over for a further try.

Nothing seemed to go quite right for the Hospital after this, and when P. D. Greenburg snapped up one of Stephen's long passes, and Knapp also slipped in near the corner flag, thus adding six more points, the visitors' subjection was complete."

February 2nd, v. Metropolitan Police at Chislehurst. Result: Won by 2 goals, a penalty goal and a try (16 pts.) to a goal and 2 tries (11 pts.).

This was the first game this season played at Chislehurst and the return to our home ground was much appreciated. The ground was in excellent condition, the weather perfect and we had found some opponents at the last moment—the original fixture against St. Mary's having fallen through.

The first half was played, it seemed, at half pace; neither forwards nor backs showing anything like their form of the last few games. The forwards as a pack played without much spirit; the outsiders failed to back up and were rather inclined to buy their opponents' dummies. The police scored twice and Bart.'s replied with a try by Jackson—the only polished movement by Bart.'s in the first half.

Soon after the start of the second half the Police scored again and led by 8 points. Things looked black for the Hospital, but from then on our play improved. The forwards were all over the Policemen in the loose and their heeling in the loose and from the line-outs, showed that they appreciated the value of a quick heel. The backs well supplied with the ball by C. S. M. Stephen at scrum half, ran fast and straight and finished the game with a fury of inside and reverse passes which completely bamboozled the Police.

Tries were scored by Evans and Moffatt, Jackson converted both and also got a penalty goal—all of them fine kicks.

v. Rosslyn Park, away. Won 5-3.

This was a well earned win against a strong Park side. The game was played on a cold wet afternoon with a slippery ball, and it soon became evident that neither set of outsiders would make much headway under these conditions. Early in the game a quick heel by the Park caught our defence napping and Huxley, helped by weak tackling pushed his way over the line.

This had a remarkable effect on the Bart.'s pack who from now onwards dominated the game (except in the tight scrums where we were repeatedly outhooked), and produced some excellent combined rushes. From one of these Sandiford, one of the best forwards on the field, scored and Jackson converted with a good kick.

The second half saw the Park pack clearly hustled by the Bart.'s forwards and for the rest of the game they never looked like scoring again. Stephen at scrum half never gave his opposite number, Steel, much rope.

February 8th, v. An Army XV, played at Chislehurst. Won 14-3.

A gusty cross wind made handling difficult and many passes went astray.

The opposition never impressed as a combination, but by hard tackling and grim determination prevented our outsiders from settling down.

The Army pack was getting the ball with monotonous regularity from the tight scrums, and Tallent was using every opportunity to get his line on the move.

Fortunately the Bart.'s defence proved adequate and neither side ever really looked like scoring.

The second half was noticeable for a decided improvement among the Bart.'s outsiders. They began to combine and to show distinct signs of intelligence.

Furthermore, John Evans scored 3 tries, each the reward of a fine solo run.

One of these was converted by Jackson, who also kicked a good penalty goal from a difficult angle.

Bart.'s deserved to win, but can play very much better.

J. R. K. W.

HOCKEY CLUB.

Owing to frozen grounds and to Army elevens being called to defend the realm at the eleventh hour, no matches were played at all in January.

The first game in 1941 was played at Chislehurst on Saturday, February 8th, v. 15th-17th Medium Battery, R.A., which resulted in an 11-1 victory for Bart.'s, despite our being one man short.

The Hospital lost no time in rushing the Army team off its feet right from the start, two rapid goals coming in as many minutes. And, whereas the Army defence was being constantly pierced by neat forward thrusts, our defence was rapidly becoming cyanosed: Hicks, in goal, turned his attention to the neighbouring rugby match; Brewerton merely went blue; while Dr. Ellis made frequent sorties to the forward positions, no doubt in preparation for his term of office in the Army.

The score at half-time was 7-0 in our favour; but in the second half, our opponents having rid themselves of their beer by divers means, made some dangerous rallies, one of which resulted in a well-earned goal. The match ended with the score at 11-1; the scorers being J. L. Fison (5), K. O. Harrison (4), and T. N. Fison (2).

Team: C. E. Hicks; R. E. Ellis, R. S. E. Brewerton; C. T. A. James, S. R. Hewitt, D. Currie; T. N. Fison, T. M. C. Roberts, J. L. Fison, K. O. Harrison.

ATHLETIC CLUB.

The *Annual General Meeting* was held in the A.R. Committee Room on Saturday, January 18th, with the President, Major H. B. Stallard, in the Chair. The President was re-elected for 1941.

Report for 1940.

The season had been particularly successful, with many members of the hospital competing for the London University Tyrian Club and other teams. The hospital team, including members from Hill

End and Cambridge, had three matches of its own, of which those against the Tyrian Club and three Cambridge colleges had been lost with honours, and one, including athletes from St. Mary's, against three Oxford colleges, had been won.

At the beginning of 1940 was held one of the most successful Sports Days in the history of the Club. Inspired by a fine day and a much appreciated crowd of spectators, there was some very keen racing, and the standard of performances was higher than for some years.

While individual honours are generally to be deplored, it ought to be put on record that the secretaries of the Club, W. J. Atkinson and J. P. Haile, represented their Counties, the English Universities' team and the Amateur Athletic Association.

A full season is being planned for 1941 with *Sports Day* possibly on the second Saturday in June, at Hill End. There will be ample opportunity for all who are keen enough to run for the Tyrian Club as well as the hospital team, and the only limiting factors are the Students' Union grant and the enthusiasm of the prospective athletes.

J. P. HAILE.

SWIMMING CLUB.

At the Annual General Meeting held in the Committee Room on February 6th, the following Officers were elected for 1941:—

President: Mr. R. M. Vick.

Vice-Presidents: Sir Girling Ball, Prof. Paterson Ross, Mr. N. A. Jory, Mr. J. C. Newbold.

Captain: C. R. P. Sheen.

Vice-Captain: J. A. Smith.

Secretary: J. F. Pearce.

Committee: L. A. McAfee, J. Harold, R. T. Monckton, T. Coates, K. C. Horrocks.

The Secretary in his report stated that the past season had been very successful in that the Club had won all its swimming matches, which had included a well earned win against Cambridge University, and had only lost two polo matches. It was also very gratifying to note that the teams throughout the season had been composed of both clinical and preclinical men.

The St. Mary's Hospital swimming bath (adequately warmed!) is now open to all Bart.'s men from 5 p.m. until 6.30 p.m. on Thursdays. Admission is free, and it is hoped that many will avail themselves of this opportunity.

UNIVERSITY OF CAMBRIDGE

FINAL M.B. EXAMINATION, MICHAELMAS TERM, 1940.

PART I—(Surgery, Midwifery and Gynaecology).

Barclay, P. S.	Cadman, D. S.
Douglass, W. M. M.	Husband, A. D.
Lucey, J. F.	Mail, W. D.
Milnes, J. N.	Stanseld, J. M.
Burkitt, W. R.	Currie, D.
Franklin, G. C.	Laidlaw, E. F.
Lunn, G. M.	Martlew, R.
Smith, J. A.	Wickes, I. G.

PART II—(Principles and Practice of Physic, Pathology and Pharmacology).

Burkitt, W. R.	Rowntree, T. W.
Everson-Pearse, A. G.	Holmes Smith, A.
Fawkes, M. A.	Maples, A.

CONJOINT BOARD

FINAL EXAMINATION, JANUARY, 1941.

PATHOLOGY.

Meade, F. B.	McNair, T. E. L. J.
Maconochie, A. D. A.	Thompson, J. H.
Brown, K. T.	Johnstone, J. S.
Hinds, S. J.	Schofield, R. D. W.
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Atkinson, W. J.	Miller, P. J.
Henderson, R. S.	Wohl, M.
Acres, G. C. N.	Boyle, A. C.
Purcell, S. D.	Galvan, R. M.
Iyon, W. C.	Shah, J.
Harris, D. V.	

MEDICINE.

Vincent, S. E.	Jones, H. M.
Packer, F. H.	Conte-Mendoza, H.
Bates, M.	Arango, C. M.
Anderson, A. W.	Fraser, F. E.
Hall, T. E.	Meade, F. B.
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Scatliff, J. N. R.	Bennett, D. H.
Lewis, B.	Cohen, L.
Schofield, R. D. W.	Connolly, R. C.
Brown, K. T.	Andrews, R. H.

SURGERY.

Lyon, W. C.	Tomback, S.
Vincent, S. E.	Harland, D. H. C.
Carroll, C. R. K.	Roberts, T. M. C.
Edwards, C. O.	Phillips, J. H. C.
Bennett, D. H.	Smith, J. C.
Lustigman, M.	McLean, T. M.
Galvan, R. M.	Walters, F. J. H.
Cohen, L.	Bickford, J. A. R.
Weber, G. N.	Alexander, B.
Sandilands, J. A. J.	Brown, K. T.
Whitmore, G. L.	Acres, G. C. N.
Vickery, K. O. A.	Bell, R. C.
O'Carroll, C. B.	Harrison, K. O.
Adlam, J. P.	McAleenan, W. H.
Gordon, W.	Lomas, J.
Hershman, M.	Robertson, J. A.
Anderson, A. W.	Thompson, M. R.

MIDWIFERY.

Meade, F. B.	Dangerfield, W. G.
Nabi, R. A.	Wohl, M.
Holmes Smith, A.	Craike, W. H.
Bell, R. C.	Medvei, V. C.
Manson, C. N. S.	Heyland, R.
Phillips, J. H. C.	Packer, F. H.
Harris, D. V.	Lyon, W. C.
Freund, F.	Tomback, S.
Stewart, J. G.	Golledge, A. H.
Arulanandom, V. R.	Weber, G. N.
Acres, G. C. N.	Ogilvie, K. R.
Rosten, M.	Lomas, J.
Lustigman, M.	Stone, P. H. D.
Jackson, B.	Watson, P. C.
Bromley, W. A.	

Diplomas have been conferred on the following:—

Meade, F. B.	Alexander, B.
Lewis, B.	Sandilands, J. A. J.
Anderson, A. W.	Freund, F.
O'Carroll, C. B.	Lyon, W. C.
Carroll, C. R. K.	Bennett, D. H.
Tomback, S.	Arango, C. M.
Thompson, M. R.	Adlam, J. P.
Purcell, S. D.	Hershman, M.
Packer, F. H.	Smith, J. C.
Cohen, L.	Medvei, V. C.
Walters, F. J. H.	

IN OUR LIBRARY

By JOHN L. THORNTON, LIBRARIAN.

II. WORKS OF AMBROSE PAREY, 1678.

Ambroise Paré was born at Bourg Hersent in 1510, and was apprenticed to a barber-surgeon, later going to Paris in the same capacity. He was dresser at the Hôtel Dieu for four years, but in 1537 became an army surgeon, making a name as the greatest military surgeon of all time. He became surgeon successively to Henry II, Francis II, Charles IX and Henry III, being spared by royal mandate at the Massacre of St. Bartholomew.

Paré was disliked by the "qualified" surgeons for his ignorance of Latin, his unhesitating refutation of treatments based upon ignorance and superstition, and for his success. Until the advent of Paré gunshot wounds had been treated with boiling oil, as they were considered to be poisoned. One night Paré ran out of oil, and treating the wounds with a less drastic remedy, he found that these patients benefited, while those to whom boiling oil had been applied were in a high fever. Paré invented several new surgical instruments, reintroduced the ligature, introduced massage, the use of artificial eyes and limbs, the reimplantation of teeth, and was the most progressive surgeon of his time. Nevertheless, he stuck to a salve consisting of the "fat of puppy dogs" as one of his

remedies, despite his remarkable writings upon gunshot wounds, the treatise on surgery, etc.

The first edition of Paré's collected works in French was published in 1575, and our edition of the English translation is entitled *The works of that famous chirurgeon Ambrose Parey, translated out of Latin, and compared with the French, by Fk. Johnson; together with three tractates concerning the veins, arteries and nerves; exemplified with large anatomical figures. Translated out of Adrianus Spigelius, London, printed by Mary Clark, and are to be sold by John Clark at Mercers Chappel at the lower end of Cheapside, MDCLXXVIII.* This volume contains all his writings, including sections on surgery, anatomy, gunshot wounds, fractures, gout, plague, medicines, etc., and is illustrated with many curious wood-engravings.

Ambroise Paré died in 1590, and his appreciation of the limitations of his craft is summed up in his well-known aphorism, "I dressed him, God cured him."

Full details of the life of this interesting personality are contained in Stephen Paget's *Ambrose Paré and his times, 1510-1590, 1897*, which is also available in the Library.

NEW BOOKS

A Mirror for Surgeons. Selected readings in surgery. By Sir D'Arcy Power, K.B.E., F.R.C.S. (Boston, Little, Brown & Co.) 1939.

The writings of Sir D'Arcy Power on the history of medicine need no introduction to Bart.'s men,

and his latest contribution will be welcomed by all interested in the history of surgery. In *A Mirror for Surgeons* Sir D'Arcy gives us pen-portraits of twenty-two eminent surgeons, ranging from John Arderne and Thomas Gale to Sir

William Macewen and William Stewart Halsted. Each chapter begins with brief biographical details of the surgeon, followed by extracts from his writings. These are designed to present the writers' chief contributions to surgery in their own words, and are thus classic descriptions.

Unfortunately, the publishers did not permit the author to revise the book in proof form, and that errors are numerous is evidenced by the corrected copy deposited in our Library by Sir D'Arcy.

Volumes dealing with the history of medicine are much rarer than text-books, and in this country do not receive the attention they deserve. Readers of this contribution to the subject will not begrudge the time expended, but will meet old friends in the forms of several Bart.'s men. This is a reference book that should be permanently shelved close to the surgeon's hand.

J. L. T.

PERSONAL

They return at evening; they make a noise like a dog, and go round about the city.

—(Psalm 59, v. 6.)

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—A. P. D.-J., Friern.

BART.'s JOURNAL. Vols. 1893-1907 (good condition) for Sale at Bart.'s Bazaar, 59, Little Britain.

BIRTHS

BURROWS.—On January 23rd, 1941, at Firbank, Burg-hill, Herefordshire, to Dorothy (née Pochin), wife of Dr. T. E. Burrows—a daughter.

ORCHARD.—On February 4th, 1941, at Truro Nursing Home, to Sheila, wife of Dr. Stuart Orchard—a son.

PATERSON.—On January 24th, 1941, at Kingston, Ontario, to Truda, wife of Capt. John F. Paterson, R.C.A.M.C., of Little Baddow, Essex—a son.

MARRIAGES

GRANT-KINGHAM.—On January 16th, 1941, at Farnham Parish Church, Capt. W. Russell Grant, R.A.M.C., to Sheila Mary Kingham, of The Elms, Farnham.

GIMSON-CROWTHER-SMITH.—On January 21st, 1941, at St. Peter's, Vere Street, W.I. P/Lt. P. A. Gimson, R.A.F.V.R., son of Mr. and Mrs. Allen Gimson, of Hampstead, N.W., to Elizabeth Francis, daughter of Mr. and Mrs. V. F. Crowther-Smith, of Hampstead, N.W., and Hampstead Norris, Berks.

MOYNAGH—MARTIN-HARVEY.—On February 1st, 1941, at Christ Church, Beckenham, Kent, Capt. Kenneth Desmond Moynagh, R.A.M.C., to Drusilla Wendy Martin-Harvey.

DEATHS

BAMBER.—On January 9th, 1941, at Downpatrick, Colonel Charles James Bamber, M.V.O., F.R.C.S., late Indian Medical Service, dear husband of Claudine Oclanis Bamber, aged 86.

OWEN.—On January 17th, 1941, at Penzance, Dr. Hugh Brindley (Roddy) Owen, D.S.O., O.B.E., formerly of Uganda, aged 62.

SALT.—On January 17th, 1941, at Cheltenham, Philip Godfrey Salt, dearly beloved husband of Daphne Salt.

VARRIER-JONES.—On January 30th, 1941, at Papworth Hall, Cambridge, Sir Penrill Varrier-Jones, F.R.C.P.

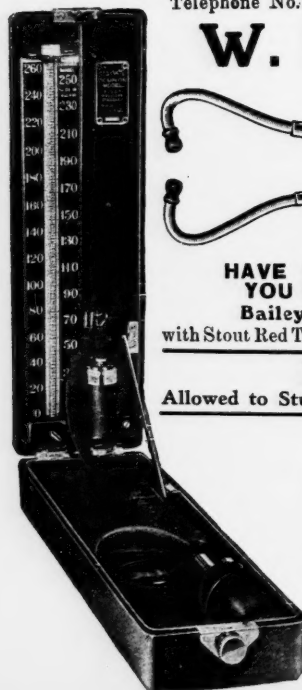
ON ACTIVE SERVICE

ROPER.—Suddenly, Robert Dudley Roper, Surgeon-Lieut., R.N.V.R., son of the late H. J. Roper, Surgeon, and only beloved brother of Margaret Roper and Rosamond Chelkley, of 8, Batcliffe Mount, Leeds 6, aged 34.

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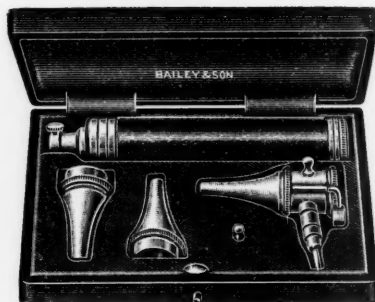
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